



# SHARP FACTS

## Chlamydia



### What is Chlamydia?

Chlamydia is a sexually transmitted disease (STD) that is caused by the bacterium *Chlamydia trachomatis*. Because approximately 70% of women and 50% of men have no symptoms, most people infected with chlamydia are not aware of their infections and therefore may not seek health care.

When diagnosed, chlamydia can be easily treated and cured. Untreated, chlamydia can cause severe reproductive and other health problems which include both short- and long-term consequences, including pelvic inflammatory disease (PID), which is the critical link to infertility, and potentially fatal tubal pregnancy.

Up to 40% of women with untreated chlamydia will develop PID. Undiagnosed PID caused by chlamydia is common. 20% of women with PID will become infertile; 18% will experience debilitating, chronic pelvic pain; and 9% will have a life-threatening tubal pregnancy. Tubal pregnancy is the leading cause of first-trimester, pregnancy-related deaths in American women.

Chlamydia may also result in adverse outcomes of pregnancy, including neonatal conjunctivitis and pneumonia. In addition, recent research has shown that women infected with chlamydia have a 3 - 5 fold increased risk of acquiring HIV, when exposed.

Chlamydia is also common among young men, who are seldom offered screening. Untreated chlamydia in men typically causes urethral infection, but may also result in complications such as swollen and tender testicles.

### What is the magnitude of the problem?

Chlamydia is the most frequently reported infectious disease in the United States. As of 1999, the Centers for Disease Control and Prevention (CDC) estimates that 3 million new cases each year.

### How are young adults affected?

As many as 1 in 10 adolescent girls tested for chlamydia is infected. Based on reports to CDC provided by states that collect age-specific data, teenage girls have the highest rates of chlamydial infection. In these states, 15- to 19-year-old girls represent 46% of infections and 20- to 24-year-old women represent another 33%. These high rates of chlamydia are consistent with those of other STDs among teenagers.

Among women entering the Job Corps in 1995, chlamydia rates ranged from 4 - 17% by state (20,000 entrants are screened annually). Chlamydial infection is widespread geographically and highly prevalent among these economically disadvantaged young women between 16 and 24 years old.

### What is being done to address the problem?

The US Navy screens all new recruits for chlamydia and treats those who are infected. In 1993, Congress appropriated funds to begin a national STD-related infertility prevention program. Through a cooperative effort between CDC and the Office of Population Affairs, the program involves strong collaboration among family planning, STD and primary health care programs, and public health laboratories. Significant progress has been made where screening programs have been fully implemented. Since these programs have focused on prevention efforts in women, many men with chlamydia are not diagnosed and treated, thus continuing the cycle of infection.

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CDC has developed recommendations for the prevention and management of chlamydia for all providers of health care, and chlamydia screening was added in 2000 as a measure of health care in the Health Plan Employer Data and Information Set (HEDIS). These recommendations call for annual screening of all sexually active females between the ages of 15 and 25. In 1999, the Armed Forces Epidemiological Board recommended to the military service secretaries that all female recruits be screened as soon as practicable after joining the service and again annually in conjunction with routine Pap smears. Screening of male military members with risk factors was also encouraged.

### How can I protect myself from contracting chlamydia?

#### **Abstain from sex or delay sex**

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. People can choose to not have sex. People can also decide to wait, or delay sex, until a later time in their life. They may choose to have personal relationships that do not involve sex.

#### **Choose Outer-course vs. Intercourse**

Outer-course is non-penetrative contact, such as massaging, hugging, and kissing. Non-penetrative contact vs. intercourse can eliminate transmission risk for chlamydia.

#### **Monogamy**

Monogamy is sex between two people, who only have sex with each other, as part of a long-term relationship. If neither partner is infected, there is no risk of disease transmission. Getting to know your partner and his/her sexual history before you decide to have sex can also reduce your chance of exposure to disease. A series of short-term relationships is not as safe because of the increased risk that one of those partners will be infected.

#### **Use Condoms and other barriers**

Although not as safe as abstinence or monogamy, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can reduce a person's risk of acquiring or transmitting STDs. A variety of male condoms are available. Female condoms and oral barriers are also available. Condoms can reduce both the risk of pregnancy and the risk of disease transmission. Put the condom on before any vaginal, anal, or oral contact.

### Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922. For further information regarding your sexual health, visit the Sexual Health and Responsibility Program Home Page at <http://www-nehc.med.navy.mil/hp/sharp>.

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